

DOCUMENTING THE ECONOMIC COST OF UNSAFE ABORTION IN UGANDA

WOMEN'S INITIAL QUESTIONNAIRE (SECTIONS 1-9) - 5 October 2010

SECTION 1. SCREENING QUESTIONS FOR ELIGIBILITY

101. In what month and year were you born?

Month

Year

98

Don't know

102. How old were you at your last birthday?

Age in completed years

**INTERVIEWER: IF YOU THINK THAT THE WOMAN IS
EITHER UNDERSTATING
OR OVERSTATING HER AGE,
MAKE YOUR OWN ESTIMATE HERE:**

Age (interviewer's estimate)

(Enter "99" if interviewer has no opinion)

103. FILTER CHECK:

In Q101 or Q102 if age is 14 or younger, then END INTERVIEW by saying:

**"Thank you again for talking with me. The study is focused
on the experiences of women age 15 years or older. We can end
the interview here. I appreciate the time you gave to talk with me."**

THEN SKIP TO Q920.

SECTION 2. COVER PAGE

201. Patient's survey identification number (SIN):

/ / SIN from PI's list

202. Name of health facility:

203. Type of health facility:

- 1 Hospital
- 2 Health Center IV
- 3 Health Center III
- 4 Private Midwife
- 5 Clinic

204. District where facility is located:

205. Geographic area of facility location:

- 1 Urban
- 2 Rural

206. Ownership of health facility:

- 1 Government
- 2 NGO
- 3 Private

207. Date of interview:

Day Month Year

208. Total time of interview:

Minutes

209. Interviewer's name:

210. Language of interview:

211. Field reviewed/edited by:

Date: Day Month Year

212. Office reviewed/edited by

Date: Day Month Year

213. Data entry by:

Date: Day Month Year

214. Result code of interview:

- 1 Completed
- 2 Partly completed
- 3 Refused
- 4 Unable to respond
- 5 Other (Specify)

SECTION 3. DEMOGRAPHIC CHARACTERISTICS

301. RECORD THE TIME INTERVIEW BEGINS

Hours Minutes

I would like to ask a few questions about yourself.

302. Do you live in a city, town or the countryside?

- 1 City
- 2 Town
- 3 Countryside

303. Have you ever attended school?

- 1 Yes
- 2 No → [SKIP TO Q304]

303a. What is the highest level of school you have completed?

- 1 No schooling
- 2 Part primary
- 3 Primary completed
- 4 Part secondary
- 5 Secondary completed
- 6 More than secondary
- 96 Other (specify): _____

304. Are you currently married, never married, separated or divorced, or widowed?

- 1 Currently married
- 2 Never married → [SKIP TO Q311]
- 3 Cohabiting/consensual union
- 4 Separated/divorced → [SKIP TO Q311]
- 5 Widowed → [SKIP TO Q311]

305. Does your husband/partner have other wives or does he live with other women as if married?

- 1 Yes
- 2 No → [SKIP TO Q308]
- 3 Don't know → [SKIP TO Q308]

306. Including yourself, in total, how many wives/partners does your husband live with now as if married?

Number of wives/partners

307. Are you the first, second, ... wife?

Rank
 98 Don't know

308. How long have you been in a relationship with your husband/partner?

Years **[IF LESS THAN 1 YEAR, LEAVE BLANK AND TICK "97" BOX]**
 97 Less than 1 year
 98 Don't know

309. How old is your husband/partner?

Years old
 98 Don't know

310. Has he ever attended school?

- 1 Yes
- 2 No → [SKIP TO Q311]
- 98 Don't know

310a. What is the highest level of schooling he has completed?

- 1 No schooling
- 2 Part primary
- 3 Primary completed
- 4 Part secondary
- 5 Secondary completed
- 6 More than secondary
- 96 Other (specify) _____
- 98 Don't know

311. In total, how many children have you given birth to (including any that may have been born alive but later died)?

Number → [IF NO CHILDREN, SKIP TO SECTION 4]

312. How many living children do you have?

Number → [IF NO CHILDREN, SKIP TO SECTION 4]

313. What is the age of your youngest child?

Number of completed years
 Number of completed months → [ENTER "99",
IF 5+ YEARS OLD]

314. What is the age of your oldest child?

Number of completed years
 Number of completed months → [ENTER "99",
IF 5+ YEARS OLD]

SECTION 4. HOUSEHOLD CHARACTERISTICS and ASSETS

Now, I would like to ask you some questions about your household.

401. Who is the head of your household?

- 1 Respondent
- 2 Husband/Partner
- 3 Father
- 4 Mother
- 5 Other relative
- 6 Other not related
- 98 Don't know

402. How many persons comprise your household?

- Number
- 98 Don't know

403. Does everybody in your household have a blanket or bed cover for sleeping?

- 1 Yes
- 2 No
- 98 Don't know

404. Does everybody in your household have a pair of shoes?

- 1 Yes
- 2 No
- 98 Don't know

405. Does everybody in your household have at least two sets of clothes?

- 1 Yes
- 2 No
- 98 Don't know

406. What is the main source of drinking water for members of your household?

[INTERVIEWER: TICK ONLY 1 ANSWER: IF MORE THAN 1 SOURCE, TICK THE MAIN SOURCE]

- 1 Piped water into dwelling/yard/plot
- 2 Public tap/standpipe
- 3 Tube well or borehole
- 4 Protected dug well/spring
- 5 Unprotected dug well/spring
- 6 Other (specify) _____
- 98 Don't know

407. What is the main material of the roof of your house?

- 1 Natural roof (thatch/leaf)
- 2 Rudimentary roof (mat/plastic sheets/reed/wood planks)
- 3 Finished roof (corrugated iron/cement/concrete/tiled/roofing shingles)
- 4 Other (specify) _____
- 98 Don't know

408. What kind of toilet facility do members of your household usually use?

- 1 Flush toilet
- 2 Ventilated improved pit (VIP) latrine
- 3 Covered Pit latrine with slab
- 4 Pit latrine without slab/Open pit
- 5 No facility/bush/field → **[SKIP TO Q410]**
- 6 Other (specify) _____
- 98 Don't know

409. Do you share this toilet facility with other households?

- 1 Yes
- 2 No
- 98 Don't know

410. In your household, is food usually cooked on an open fire or a stove?

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

- 1 Open fire
- 2 Stove
- 96 Other (specify) _____
- 98 Don't know

411. Is the cooking usually done in the house, in a separate building, or outdoors?

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

- 1 In the house
- 2 In a separate buiding
- 3 Outdoors
- 96 Other (specify) _____
- 98 Don't know

412. Do you have a separate room which is used as the kitchen?

- 1 Yes
- 2 No
- 98 Don't know

413. How many rooms do members of your household use exclusively for sleeping?

Number

[DO NOT INCLUDE ROOMS/HUTS WITH DUAL USES.]

414. Does your household have:

[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

- | | | | |
|-----------------------|--------------------------------|-------------------------------|--|
| a. Electricity? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| b. A radio? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. A cassette player? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| d. A television? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| e. A mobile phone? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| f. A fixed phone? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| g. A refrigerator? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| h. A table? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| i. A chair? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| j. A sofa set? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| k. A bed? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| l. A cupboard? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| m. A clock? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |

415. Does any member of your household own:

[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

- | | | | |
|-----------------------------------|--------------------------------|-------------------------------|--|
| a. Radio and/or tape recorder? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| b. A bicycle? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. A motorcycle or motor scooter? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. An animal-drawn cart? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| e. A car or truck? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| f. A boat with a motor? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| g. A boat without a motor? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| h. Sewing machine? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |

416. How many of the following animals/birds does your household own?

[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

[INTERVIEWER: IF NONE, ENTER "00". IF MORE THAN 95, ENTER "95".]

- a. Local Cattle?
- b. Exotic/Cross Cattle?
- c. Horses, donkeys, or mules?
- d. Goats?
- e. Sheep?
- f. Pigs?
- g. Chickens?

Number

98	Don't know
98	Don't know
98	Don't know
98	Don't know
98	Don't know
98	Don't know
98	Don't know
98	Don't know

417. Do you or any other member of the household own the house occupied by your household?

- 1 Yes
- 2 No
- 98 Don't know

418. Do you or any other member of the household own a house, other than the one you are living in?

- 1 Yes, owns 1 other house
- 2 Yes, owns 2 or more other houses
- 3 No → *[IF NO, SKIP TO Q419]*
- 98 Don't know → *[IF NO, SKIP TO Q419]*

418a. If yes, where is the house [are the houses] located?

- 1 In same village
- 2 In another village
- 3 In another town
- 4 In another large city
- 5 Abroad
- 97 Owns 2+ houses in different locations
- 98 Don't know

418b. What is the house [are the houses] mainly used for?

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

- 1 Storage
- 2 Rental
- 3 Residence
- 4 Other (specify) _____
- 98 Don't know

418c. How much money do you earn as rent from this house [these houses]?

_____ Shillings/month 98 Don't know

419. Do you or any other member of the household have savings such as a bank account or "savings circle" / SACO?

- 1 Yes, only bank account
- 2 Yes, only SACO → *[SKIP TO Q421]*
- 3 Yes, both bank account and SACO
- 4 No → *[SKIP to MODULE 5]*

420. What is the total amount of the household's savings?

_____ Shillings 98 Don't know

[IF NO SACO, SKIP TO MODULE 5.]

421. What size of loan can your household access from this SACO?

_____ Shillings 98 Don't know

SECTION 5. EMPLOYMENT, HOUSEHOLD BUSINESSES AND WAGES

[SKIP Q501 IF NEVER MARRIED, SEPARATED
OR WIDOWED: SEE Q304]

**501. What type of activity does your
HUSBAND/PARTNER mainly do?**

- 1 Work, full time
- 2 Work, part-time
- 4 Student
- 5 Unemployed
- 6 Unpaid family worker
- 96 Other (specify) _____
- 98 Don't know

502. What type of activity do YOU mainly do?

- 1 Work, full time
- 2 Work, part-time
- 3 Full-time housewife → [SKIP TO Q504]
- 4 Student → [SKIP TO Q504]
- 5 Unemployed → [SKIP TO Q504]
- 6 Unpaid family worker → [SKIP TO Q504]
- 7 Operates own business
- 96 Other (specify) _____

↓ ↓ ↓

**503. Would you consider yourself to be
self-employed or employed
by another person?**

- 1 Self-employed [SKIP TO Q504]
- 2 Employed by someone else
- 3 Both

SUB-SECTION 5.2: HOUSEHOLD FARM BUSINESS

504. FILTER

Do you or any member of your household own or cultivate any agricultural land (Do you OWN a farm business)?

- 1 Yes
- 2 No → [SKIP TO Q510]
- 98 Don't know → [SKIP TO Q510]

505. How many acres of agricultural land do members of your household own?

[Total agricultural land owned]

• Acres 98 Don't know

506. How much of the land owned by you or someone from your household do you cultivate, including orchards?

• Acres 98 Don't know

507. How much of this land do you rent out or sharecropped out?

• Acres 98 Don't know
[IF ZERO or "DON'T KNOW", SKIP TO Q508]

507a. Do you receive cash for this land or do you divide the crop between you and the tenant?

- 1 Cash → _____ Amount received (Shillings)
- 2 Crop → _____ Estimated worth of income in Shillings
- 3 Both → _____ Total income (Shillings)
- 98 Don't know

508. How much agricultural land does your household rent in or sharecrop in?

• Acres 98 Don't know
[IF ZERO or "DON'T KNOW", SKIP TO Q509]

508a. Do you pay cash for this land or do you divide the crop between you and the land owner?

- 1 Cash → _____ Amount paid per year (Shillings)
- 2 Crop → _____ Estimated worth in Shillings
- 3 Both → _____ Total payment (Shillings)
- 98 Don't know

509. Who mainly decides how the money earned from this farm will be used?

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Someone else in the household
- 96 Other (specify): _____
- 98 Don't know

SUB-SECTION 5.3: FIRST NON-FARM BUSINESS

510. FILTER:

Does anybody in this household own a business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

511. Who in the household owns this business?

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

512. Please describe this activity:

513. What was the GROSS receipt from this business over the last month?

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

_____ Shillings 97 Declined
 98 Don't know

514. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q516]
- 98 Don't know → [SKIP TO Q516]

515. How much was paid to all employees in total in the last month?

_____ Shillings 98 Don't know

516. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?

_____ Shillings

98 Don't know

517. INTERVIEWER: Calculate the net income after interview is finished.

[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

_____ Shillings

518. Who mainly decides how the money earned from this business will be used?

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

- | | | |
|--------------------------|----|--------------------------------|
| <input type="checkbox"/> | 1 | Respondent alone |
| <input type="checkbox"/> | 2 | Respondent and husband/partner |
| <input type="checkbox"/> | 3 | Respondent and other person |
| <input type="checkbox"/> | 4 | Husband/partner alone |
| <input type="checkbox"/> | 5 | Father/Mother |
| <input type="checkbox"/> | 6 | Someone else in the household |
| <input type="checkbox"/> | 96 | Other (specify): _____ |
| <input type="checkbox"/> | 98 | Don't know |

SUB-SECTION 5.4: SECOND NON-FARM BUSINESS

520. FILTER:

Does anybody in this household own a 2nd business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

521. Who in the household owns this business?

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

522. Please describe this activity:

523. What was the GROSS receipt from this business over the last month?

_____ Shillings

- 97 Declined
- 98 Don't know

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

524. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q526]
- 98 Don't know → [SKIP TO Q526]

525. How much was paid to all employees in total in the last month?

_____ Shillings 98 Don't know

526. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?

_____ Shillings 98 Don't know

527. INTERVIEWER: Calculate the net income after interview is finished.

[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

_____ Shillings

528. Who mainly decides how the money earned from this business will be used?

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother
- 6 Someone else in the household
- 96 Other (specify): _____
- 98 Don't know

SUB-SECTION 5.5: THIRD NON-FARM BUSINESS

530. FILTER:

Does anybody in this household own a 3rd business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

531. Who in the household owns this business?

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

532. Please describe this activity

533. What was the GROSS receipt from this business over the last month?

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

_____ Shillings 97 Declined
 98 Don't know

534. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q536]
- 98 Don't know → [SKIP TO Q536]

535. How much was paid to all employees in total in the last month?

_____ Shillings 98 Don't know

536. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?

_____ Shillings 98 Don't know

537. INTERVIEWER: Calculate the net income after interview is finished.

[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

_____ Shillings

538. Who mainly decides how the money earned from this business will be used?

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother
- 6 Someone else in the household
- 96 Other (specify): _____
- 98 Don't know

SUB-SECTION 5.6: RESPONDENT'S WAGE WORK

FILTER: SKIP SECTION 5.6 IF RESPONDENT DOES NOT WORK FOR WAGES.

[If Q502 = 3 (full-time housewife) or 4 (student) or 5 (unemployed) or 6 (unpaid family worker) SKIP TO SECTION 5.7.]

540. You indicated that you worked as an employee. How many jobs do you have as an employee?

Number of jobs → ***[IF MORE THAN TWO JOBS ASK, FOR THE JOB WHERE RESPONDENT SPENDS MOST TIME, THEN THE NEXT AND THE NEXT.]***

541. Please describe the activity you do in this job? (Or in the job you spend most time? Ask then, the next, and the next)

_____ Activity in first job
 _____ Activity in second job
 _____ Activity in third job

542. From ALL (if more than one) the work that YOU do (as an employee for someone else), how much do you earn in a month? (or a day, week or year, if easier to answer)

1 No earnings → ***[SKIP TO Section 5.7]***
 2 In kind (specify) _____
 3 Amount in shillings _____ *(Estimated worth in Shillings)*
 ↓ ↓ ↓ ↓
 _____ Per day
OR _____ Per week
OR _____ Per month
OR _____ Per year
 98 Don't know

FILTER: ASK Q542a ONLY IF RESPONDENT WORKS PART-TIME (Q502 = 2).

542a. How many days per week / weeks per month / months per year do you work?

Days per week **OR**
 Weeks per month **OR**
 Months per year

543. Who mainly decides how the money YOU earn as wages will be used?

1 Respondent alone
 2 Respondent and husband/partner
 3 Respondent and other person
 4 Husband/partner alone
 5 Father/Mother (of respondent)
 6 Someone else in the household
 96 Other (specify): _____
 98 Don't know

SUB-SECTION 5.7: HUSBAND/PARTNER'S WAGE WORK

FILTER: SKIP SECTION 5.7 IF RESPONDENT'S HUSBAND DOES NOT WORK FOR WAGES:

[If Q501 = 4 (student) or 5 (unemployed) or 6 (unpaid family worker)

SKIP TO SECTION 5.8.]

ALSO SKIP SECTION 5.7 IF UNMARRIED, SEPARATED OR WIDOWED: SEE Q304.

550. You indicated that your HUSBAND/PARTNER worked as an employee. Please describe his main activity:

98 Don't know

551. From all the work that HE does (as an employee for someone else), how much does he earn in a month? (or a day, week or year, if easier to answer)

1 No earnings → [SKIP TO Section 5.8]

2 In kind (specify) _____

3 Amount in shillings _____ (Estimated worth in Shillings)

↓ ↓ ↓ ↓

_____ Per day

OR _____ Per week

OR _____ Per month

OR _____ Per year

98 Don't know

FILTER: ASK Q551a ONLY IF HUSBAND WORKS PART-TIME (Q501 = 2).

551a. How many days per week / weeks per month / months per year does your HUSBAND/PARTNER work?

Days per week OR

Weeks per month OR

Months per year

552. Who mainly decides how the money your HUSBAND/PARTNER earns as wages will be used?

1 Respondent alone

2 Respondent and husband/partner

3 Respondent and other person

4 Husband/partner alone

5 Father/Mother (of respondent)

6 Someone else in the household

7 Other (specify): _____

98 Don't know

SUB-SECTION 5.8: CHILDREN'S WAGE WORK

NB: INCLUDE ALL CHILDREN IN HOUSEHOLD

FILTER: SKIP SECTION 5.8 IF RESPONDENT HAS NO CHILDREN. [If Q311 or Q312 = 0 (i.e., no children) SKIP TO SECTION 6.]

560. From all the work that your child does/ children do (as any employee of someone else) how much do(es) he/she/they earn in a month? Please do not include any household enterprise in which you may have included this person before.
(or a day, week or year, if easier to answer)

561. Who mainly decides how the money from your CHILD's/CHILDREN's wages will be used?

1	No earnings → [SKIP TO Section 6]
2	In kind (specify) _____
3	Amount in shillings _____ <i>(Estimated worth in Shillings)</i>
	↓ ↓ ↓ ↓
	_____ Per day
	OR _____ Per week
	OR _____ Per month
	OR _____ Per year
98	Don't know

1	Respondent alone
2	Respondent and husband/partner
3	Respondent and other person
4	Husband/partner alone
5	Father/Mother (of respondent)
6	Someone else in the household
7	Child alone
8	Child and other person
9	Other (specify): _____
98	Don't know

SECTION 6. HOUSEHOLD CONSUMPTION, EXPENDITURE and DEBT

Now, Please tell me how much of the following items have been consumed by your household in the past 7 days (last week):

601. What is the total value in Shillings that the household spent on:

[HOME PRODUCED ITEMS SHOULD BE INCLUDED IN TOTALS]

a. Rice	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
b. Matoke (bunches, clusters)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Tubers (sweet potatoes, cassava, irish potatoes, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Cereals (maize, millet, sorghum, etc. -- whole or in flour)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
d. Sugar and other sweeteners (including candy, honey, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
e. Processed wheat products (bread, noodles, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
f. Soyabeans, beans, peas	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
g. Meat, chicken, and fish	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
h. Edible Oil (ghee, margarine, butter, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
i. Milk and milk products (ice cream, milk powder, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
j. Eggs	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
k. Vegetables	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
l. Fruit and ground nuts	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

602. Over the past 30 days, what was the total value in Shillings of each of the following items that the household consumed?

a. Salt and spices	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
b. Drinks (coffee, tea, soda, beer)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Food at restaurants, eating out	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
d. Fuel and cooking gas, firewood, charcoal, paraffin (Kerosene).	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
e. Entertainment (includes cinema, picnic, sports, club fees, video cassettes)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
f. Telephone, mobile phones, paid channels and internet	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
g. Toilet articles (icludes toothpaste, shaving blades, shaving cream, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
h. Household items (includes electric bulb, tubelight, washing soap, insecticides, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
i. Transport (includes, bus, taxi, boda boda, diesel, petrol, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
j. House rent, appliance rental, furniture, implements	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
k. Utility fees	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
l. Services (domestic servants, other)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
m. All out-patient medical expenses	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

603. For the following expenses, about how much did you spend in the past year (last 365 days)?

MAKE SURE COSTS COVER THE LAST ONE-YEAR PERIOD

- a. School fees and other education expenses (books, stationary, internet charges, library charges).
- b. Medical expenses (excluding the current pregnancy loss, but including doctors fees, medicines)
- c. Clothing and footwear
- d. Bedding
- e. Furniture and fixtures
- f. Crockery, glassware, bucket, utensils, etc.
- g. Cooking/household appliances and goods for recreation (includes TV, electric fan, sewing machine, washing machine, refrigerator, radio, tape recorder, musical instruments, clock, watch, PC, telephone, mobile, etc.)
- h. Jewelry and ornaments
- i. Personal transport equipment (includes purchase or repairs of bicycle, scooter, car, tyres, etc.)
- j. Therapeutic appliances (includes glass eye, hearing aids, orthopedic equipment, etc.)
- k. Repair & maintenance of your own residence
- l. Insurance premiums
- m. Vacations
- n. Social functions (marriage, funerals, gifts, baptisms, etc.)

Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

Now, we would like to ask you about LOANS your household may have obtained.

604. Did your household borrow or take any financial loan in the past 5 years?

- 1 Yes
- 2 No → [SKIP TO Q613]
- 98 Don't know → [SKIP TO Q613]

605. How many loans has your household taken in the past 5 years?

Number of loans 98 Don't know

FOR Q606-Q610: IF MORE THAN ONE LOAN, ask about the largest one. IF JUST ONE LOAN, ask the question as is.

606. How long ago did the household obtain this [your largest] loan?

Days Months Years
 98 Don't know

607. How much did the household receive from for this [your largest] loan?

_____ Shillings 98 Don't know

608. For what purpose was this [your largest] loan taken?

[MULTIPLE RESPONSES ARE ALLOWED. TICK ALL RESPONSES THAT ARE MENTIONED.]

- 1 Buy/improve house
- 2 Buy land
- 3 Marriage expenses
- 4 Agricultural business
- 5 Daily consumption
- 6 Car/appliance, etc.
- 7 Educational
- 8 Medical expense
- 9 Other (specify) _____
- 98 Don't know

609. From where (or from whom) did the household obtain this [your largest] loan?

- 1 Employer
- 2 Local money lender
- 3 Friend
- 4 Relative
- 5 Bank
- 6 NGO
- 7 Community Credit Group/SACO
- 8 Government program
- 9 Other credit Org/ co-op _____
- 10 Other (specify) _____
- 98 Don't know

609a. Did you pay interest or are you currently paying interest on this [your largest] loan?

1 Yes 2 No 98 Don't know

610. What was the total monthly payment on [this/your largest] loan?

Shillings/month 98 Don't know

Regarding any/all outstanding loans...

611. Do you currently owe money on ANY of these loans?

- 1 Yes
- 2 No → [SKIP TO Q613]
- 98 Don't know → [SKIP TO Q613]

612. How much do you currently owe in total?

_____ Shillings 98 Don't know

613. In the past five years have you sold any of the following:

- a. Land to pay off expenses or pay off a loan? 1 Yes 98 Don't know
 2 No
- b. Jewelry to pay off expenses or pay off a loan? 1 Yes 98 Don't know
 2 No

c. Other (specify) _____

614. How much in total do members of your household currently owe others (include ALL types of loans currently outstanding)?

_____ Shillings
 96 Owe nothing 98 Don't know

615. How much, in total, is owed by others to your household?

_____ Shillings
 96 Owed nothing 98 Don't know

616. Do you have an outstanding balance--for longer than a month's purchases--with any shopkeeper? (...other?)
If YES, how much?

_____ Shillings
 96 Owe nothing 98 Don't know

SECTION 7. RECENT PREGNANCY

Now I would like to talk about your recent pregnancy, that is, the one that resulted in the complications you are being treated for now.

701. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?

- 1 Wanted then → [SKIP TO Q703]
- 2 Wanted later
- 3 Not wanted at all
- 4 Not sure
- 98 Don't know → [SKIP TO Q703]

702. What is the most important reason why you say that: you wanted to wait until later / you were not sure / you did not want it at all?

- 1 Husband/partner did not want a pregnancy this time
- 2 Have enough children
- 3 Cost of raising children is too high
- 4 Too soon after last pregnancy
- 5 Would have to drop out of school
- 6 Would have to leave job
- 7 Too young
- 8 Too old
- 9 Not married
- 10 This pregnancy is not with husband/partner.
- 11 Health reasons
- 12 Other (specify) _____
- 98 Don't know

DO NOT READ OUT--TICK ONE CATEGORY

703 At the time you got pregnant, were you using any method of contraception?

- 1 Yes
- 2 No → [SKIP TO Q705]
- 98 Don't know → [SKIP TO Q705]

704. What method of contraceptive were you using?

- 1 Female sterilization
- 2 Male sterilization
- 3 Pill
- 4 IUD
- 5 Injectables
- 6 Implants
- 7 Male condom
- 8 Female condom
- 9 Diaphragm
- 10 Foam/jelly
- 11 Lactational amenorrhea method
- 12 Rhythm method / moon beads
- 13 Withdrawal
- 14 Other (specify) _____
- 98 Don't know

MULTIPLE RESPONSES ARE ALLOWED

705. How many weeks/months were you pregnant when you lost this pregnancy (started to bleed)?

Weeks OR Months 98 Don't know

As you may know, some women lose their pregnancy spontaneously, while others sometimes take steps to end their pregnancy. This may occur for many reasons: for example, when women find themselves pregnant when they do not want to be or when it is difficult for them to continue with their pregnancy or because of opposition from their husband, partner, relatives or others.

706. Have you ever been in a situation when you or someone else did something to end your pregnancy?

- 1 Yes
- 2 No → [SKIP TO Q708]
- 98 Don't know

707. Did your recent pregnancy, that is, the one that resulted in your current admission to this facility, end this way?

- 1 Yes → [SKIP TO SECTION 8]
- 2 No
- 98 Don't know

708. What do you think might have caused the loss of this pregnancy?

- 1 Lifted heavy things
- 2 Upset or distressed
- 3 Took medicine
- 4 Drank herbal tea
- 5 Husband/partner beat
- 6 Other (specify)
- 98 Don't know

DO NOT READ OUT-- TICK ALL THAT APPLY

[PROBE FIRST BEFORE ACCEPTING "DON'T KNOW"]

FILTER CHECK:

IF "NO" IN Q706 and "NO" IN Q707, ASK:

709. Just to make sure that I have the right information, you say that [read answers selected in Q708] caused the loss of your pregnancy. Is that correct?

- 1 Yes, response to Q708 is correct
- 2 No → [RETURN TO Q708 AND ASK THE QUESTION AGAIN]

709a. Did you do these things in an attempt to bring back your period?

- 1 Yes → [GO BACK AND CHECK Q706-707: BOTH SHOULD BE TICKED AS "YES" AFTER PROBING IF Q709 ANSWER IS CORRECT]
- 2 No → [SKIP TO SUB-SECTION 8.3, Q816]

SECTION 8. PRIOR TO ARRIVING AT THE HEALTH FACILITY

Now I am going to ask you some questions about this pregnancy loss and the time **BEFORE** you arrived at this facility this time.

801. How many times did you do or use anything to stop this pregnancy?

		Number
98		Don't know

[IF MORE THAN THREE ATTEMPTS, ASK FOR FIRST, SECOND AND LAST ATTEMPTS.]

SUB-SECTION 8.1: FIRST, SECOND, AND LAST ATTEMPTS

802. What did you do FIRST (SECOND, LAST) to end this pregnancy?

DO NOT READ OUT THE ALTERNATIVES

	Attempts		
	1st	2nd	Last
a. Took herbs, a substance, or a combination of substances orally: antimalaria drugs (cloroquine, quinine), detergent, bleach, gasoline, etc.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
b. Inserted solid objects into the vagina (includes catheter, sticks and hangers)	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
c. Inserted something into the vagina (excludes solid objects, includes herbs and solutions, hormonal, bleach, artificial rupturing of the membrane)	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
d. Injectables	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
e. Surgical abortion (MVA or D&C -- probe by asking for a description. Make sure woman is not describing a catheter)	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
f. Took other kind of tablets or pills (includes overdoses of contraceptives, aspirins)	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
g. Other (not any of the above)	<input type="text" value="96"/>	<input type="text" value="96"/>	<input type="text" value="96"/>
<u>Please specify:</u>			
1st:	_____		
2nd:	_____		
Last:	_____		
h. Don't know / Can't remember	<input type="text" value="98"/>	<input type="text" value="98"/>	<input type="text" value="98"/>

SUB-SECTION 8.2: ALL ATTEMPTS

803. As a result of all of these attempts, were you unable to do your normal activities (school, work, housework)?

- 1 Yes, unable to work
- 2 No, able to work → **[SKIP TO Q804]**

803a. How many days or weeks were you unable to do these activities, taking into account all attempts?

- Days **OR** Weeks
- 95 Able to do activities

804. How much money did you spend in total for all of these attempts? (include transportation, medication, fees for services, food, lodging, and any other expenses)

_____ Shillings → **[IF 0 SHILLINGS, SKIP TO Q820]**

[PROBE FOR ESTIMATE]

- 98 Don't know amount

805. Who paid for the costs related to all of these attempts, in sum?

- 1 Yourself
- 2 Husband/partner
- 3 Other family
- 4 Friend
- 5 Boyfriend
- 96 Other (specify) _____
- 98 Don't know

PROBE: Anyone else? [TICK ALL THAT APPLY]

806. Did you lose any income during this time because you could not work due to your illness?

- 1 Yes
- 2 No → **[SKIP TO Q808]**
- 98 Don't know → **[SKIP TO Q808]**

807. How much income did you lose?

_____ Shillings

[PROBE FOR ESTIMATE]

- 98 Don't know amount

808. Did anyone else in your household lose income during this time because of your illness?

809. How much income did he/she/they lose?

[PROBE FOR ESTIMATE]

810. What measures were taken to overcome the economic hardship of losing income?

[TICK ALL THAT APPLY]

- 1 Yes
 - 2 No → *[SKIP TO Q812]*
 - 98 Don't know → *[SKIP TO Q812]*
- _____ Shillings
- 98 Don't know amount
- 1 Loan from family/friends → _____ Shillings
 - 2 Loan with crop as collateral → _____ Worth in Shillings
 - 3 Loan with other assets as collateral → _____ Worth in Shillings
 - 4 Selling next harvest in advance (below market value)
 - 5 Selling food (rice) supply
 - 6 Selling jewelry
 - 7 Selling other assets
 - 8 Using savings
 - 9 Getting more money from family, friend or employer
 - 10 Getting assistance (in the form of goods from the family/relatives and friends)
 - 11 Cutting household expenses
 - 12 No measures taken
 - 98 Don't know/Can't think of any measures taken

SKIPS:
 IF ASSETS WERE SOLD, ASK Q811.
 IF LOANS WERE TAKEN, ASK Q811a.
 IF BOTH ASSETS SOLD AND LOANS TAKEN ASK Q811 AND Q811a.
 IF NEITHER ASSETS SOLD NOR LOANS TAKEN, SKIP TO Q812.

811. How much below market value were these sales?

811a. How much above market value were these loans?

_____ Shillings below market value (sales) 98 Don't know

_____ Shillings above market value (loans) 98 Don't know

812. Did you receive help in the form of money, goods or services from outside the household (other than parents, siblings, children) or from other parties (i.e. foundation/organization, friends/relatives, NOT included in Q805) during the time you were unable to do your normal activities?

- 1 Yes
- 2 No → [SKIP TO Q814]
- 98 Don't know → [SKIP TO Q814]

813. What type of help did you receive from these people [... outside the household or from other parties] during this time you were unable to do your normal activities and how much?

- 1 Gave money or loan → Amount _____ Shillings
- 2 Paid health costs (including treatment) → Amount _____ Shillings
- 3 Gave food stuff or other goods → Amount _____ Shillings
- 4 Did household chores or providing child care or assisting during physical recovery → Days OR Weeks
- 96 Other (specify) _____ → Amount _____ Shillings
- 98 Don't know

814. Did you have any of the following health problems because of the abortion, which caused you to seek treatment at this facility?

[CHECK ALL THAT APPLY]

- 1 Bleeding ↓ ↓
- 2 Fever ↓ ↓
- 3 Pain ↓ ↓
- 4 Injury/perforation ↓ ↓
- 98 Don't know/ Don't remember ↓ [SKIP TO SECTION 9]

815. How severe was this problem?

- 1 Mild ↓ [SKIP TO SECTION 9]
- 2 Moderate ↓
- 3 Severe ↓
- 1 Mild ↓ [SKIP TO SECTION 9]
- 2 Moderate ↓
- 3 Severe ↓
- 1 Mild ↓ [SKIP TO SECTION 9]
- 2 Moderate ↓
- 3 Severe ↓
- 1 Mild ↓ [SKIP TO SECTION 9]
- 2 Moderate ↓
- 3 Severe ↓

GO TO SECTION 9 NOW

SUB-SECTION 8.3: MISCARRIAGE EPISODE

816. As a result of the miscarriage, were you unable to do your normal activities (school, work, housework)?

- 1 Yes, unable to work
 2 No, able to work → *[SKIP TO Q817]*

816a. IF YES, how many days or weeks were you unable to do these activities?

Days OR Weeks

817. Apart from coming to this facility, did you seek care for this pregnancy loss from any other place?

- 1 Yes 2 No

818. How much money did you spend in total for treating the miscarriage? (include transportation, medication, fees for services, food, lodging, and any other expenses)

_____ Shillings → *[IF 0 SHILLINGS, SKIP TO Q820]*

[PROBE FOR ESTIMATE]

- 98 Don't know amount

819. Who paid for the costs related to this miscarriage, in sum?

- 1 Yourself
 2 Husband/partner
 3 Other family
 4 Friend
 5 Boyfriend
 96 Other (specify) _____
 98 Don't know

PROBE: Anyone else? [TICK ALL THAT APPLY]

820. Did you lose any income during this time because you could not work due to your illness?

- 1 Yes 2 No → *[SKIP TO Q821]*
 98 Don't know → *[SKIP TO Q821]*

820a. How much income did you lose?

_____ Shillings

[PROBE FOR ESTIMATE]

- 98 Don't know amount

821. Did anyone else in your household lose income during this time because of your illness?

821a. How much income did he/she/they lose?

[PROBE FOR ESTIMATE]

822. What measures were taken to overcome the economic hardship of losing income?

[TICK ALL THAT APPLY]

SKIPS:
 IF ASSETS WERE SOLD, ASK Q823.
 IF LOANS WERE TAKEN, ASK Q823a.
 IF BOTH ASSETS SOLD AND LOANS TAKEN, ASK Q823 AND Q823a.
 IF NEITHER ASSETS SOLD NOR LOANS TAKEN, SKIP TO Q824.

823. How much below market value were these sales?

823a. How much above market value were these loans?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	→	<i>[SKIP TO Q822]</i>
		<input type="checkbox"/> 98	Don't know	→	<i>[SKIP TO Q822]</i>
_____ Shillings					
<input type="checkbox"/> 98	Don't know amount				
<input type="checkbox"/> 1	Loan from family/friends	→	_____	Shillings	
<input type="checkbox"/> 2	Loan with crop as collateral	→	_____	Worth in Shillings	
<input type="checkbox"/> 3	Loan with other assets as collateral	→	_____	Worth in Shillings	
<input type="checkbox"/> 4	Selling next harvest in advance (below market value)				
<input type="checkbox"/> 5	Selling food (rice) supply				
<input type="checkbox"/> 6	Selling jewelry				
<input type="checkbox"/> 7	Selling other assets				
<input type="checkbox"/> 8	Using savings				
<input type="checkbox"/> 9	Getting more money from family, friend or employer				
<input type="checkbox"/> 10	Getting assistance (in the form of goods from the family/relatives and friends)				
<input type="checkbox"/> 11	Cutting household expenses				
<input type="checkbox"/> 12	No measures taken				
<input type="checkbox"/> 98	Don't know				
_____ Shillings <u>below</u> market value (sales) <input type="checkbox"/> 98 Don't know					
_____ Shillings <u>above</u> market value (loans) <input type="checkbox"/> 98 Don't know					

824. Did you receive help in the form of money, goods or services from outside the household (other than parents, siblings, children) or from other parties (i.e. foundation/organization, friends/relatives, NOT included in Q819) during the time you were unable to do your normal activities?

- 1 Yes
- 2 No → [SKIP TO Q826]

825. What type of help did you receive from these people [... outside the household or from other parties] during this time you were unable to do your normal activities and how much?

- 1 Gave money or loan → Amount _____ Shillings
- 2 Paid health costs (including treatment) → Amount _____ Shillings
- 3 Gave food stuff or other goods → Amount _____ Shillings
- 4 Did household chores or providing child care or assisting during physical recovery → Days OR Weeks
- 96 Other (specify) _____ → Amount _____ Shillings
- 98 Don't know

826. Did you have any of the following health problems because of the miscarriage, which caused you to seek treatment at this facility? [CHECK ALL THAT APPLY]

- | | | | | |
|-------------------------------------|----------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> 1 Bleeding | <input type="checkbox"/> 2 Fever | <input type="checkbox"/> 3 Pain | <input type="checkbox"/> 4 Injury/perforation | <input type="checkbox"/> 98 Don't know/
↓ Don't remember |
| ↓ | ↓ | ↓ | ↓ | |
| ↓ | ↓ | ↓ | ↓ | [SKIP TO SECTION 9] |

827. How severe was this problem?

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 Mild | <input type="checkbox"/> 1 Mild | <input type="checkbox"/> 1 Mild | <input type="checkbox"/> 1 Mild |
| <input type="checkbox"/> 2 Moderate | <input type="checkbox"/> 2 Moderate | <input type="checkbox"/> 2 Moderate | <input type="checkbox"/> 2 Moderate |
| <input type="checkbox"/> 3 Severe | <input type="checkbox"/> 3 Severe | <input type="checkbox"/> 3 Severe | <input type="checkbox"/> 3 Severe |

SECTION 9. EXPERIENCES SINCE ARRIVING AT THE HEALTH FACILITY

Now I want to ask you some questions about your experiences since you came to this facility.

901. How many days or weeks has it been from when you first started having health problems to when you arrived here?

Days OR Weeks 98 Don't know

902. How long have you spent in this facility receiving treatment?

No. of hours OR 98 Don't know
 No. of nights

903. Does the health facility offer any assistance with the payment of their fees?

1 Yes
 2 No → [SKIP TO Q905]
 98 Don't know → [SKIP TO Q905]

904. What kind of assistance do they offer?

1 Allowed to pay some or all of fees later
 2 Allowed to pay in non-cash form.
 ↳ Specify: _____
 3 No fee charged → [SKIP TO Q906]
 4 Nominal fee charged → [SKIP TO Q906]
 96 Other (specify) _____
 98 Don't know

905. How did you or how will you pay for all of the expenses related to your treatment?

[READ OUT all response categories; select ALL that apply]

1 a. Respondent's own money
 2 b. Money from husband/partner
 3 c. Money from other family
 4 d. Money from friend
 5 e. Savings
 6 f. Health insurance scheme
 7 g. Take out a loan
 96 h. Other (specify) _____
 98 i. Don't know

I'm going to read a list of expenses you or someone else may have paid for your treatment at this facility (like fees), expenses for things brought to the facility (like medicine) or other expenses (like meals for people who may have come with you). Please tell me the amounts.

906. What type of transportation did you use to reach this facility?

1 Public transport
 2 Rented vehicle (taxi)
 3 Personal transport (car, motorcycle, other)
 4 Someone else transport
 96 Other (specify) _____
 98 Don't know → [SKIP TO Q908]

For Q907-Q912:

How much did the following cost you...?

**907. Transportation to this facility
(fare or gas estimate):**

_____ Shillings 98 Don't know

**908. Fees for consultation or services
(including procedures):**

_____ Shillings 98 Don't know

909. Fees for tests:

_____ Shillings 98 Don't know

**910. Costs for medicines or supplies either at
this facility or that were brought
to this facility:**

_____ Shillings 98 Don't know

911. Costs for meals or lodging for you:

_____ Shillings 98 Don't know

**912. Costs for meals or lodging for people
who came with you:**

_____ Shillings 98 Don't know

913. Were there any other costs you had?

96 No other costs → **[SKIP TO Q914]**

913a. How much were they?

_____ Shillings 98 Don't know

914. FILTER CHECK:
If ZERO living children (Q312), SKIP TO Q920

915. Since you have been ill, have your children been able to attend school?

- 1 Yes → [SKIP TO Q916]
- 2 No
- 3 No children enrolled in school → [SKIP TO Q916]
- 98 Don't know → [SKIP TO Q916]

915a. How many days of school were missed?

Days missed

916. Since you have been ill, have your children been able to work?

- 1 Yes → [SKIP TO Q917]
- 2 No
- 3 No children work → [SKIP TO Q917]
- 98 Don't know → [SKIP TO Q917]

916a. How many days of work were missed?

Days missed

917. Have your children eaten less than usual?

- 1 Yes, they have eaten less than usual
- 2 No, they have eaten the same
- 98 Don't know

918. Did someone else come to take care of your children, e.g., your friend or sister?

- 1 Yes
- 2 No

919. Was your husband unable to work because he had to look after your children?

- 1 Yes
- 2 No

END OF INTERVIEW

920. RECORD THE TIME INTERVIEW ENDS.

Hours Minutes

921. Interviewer: Please record your opinion about the respondent's abortion:

- 1 I am sure that the abortion was induced.
- 2 I suspect that the abortion was induced.
- 3 I suspect that the abortion was spontaneous (i.e., a miscarriage).
- 4 I am sure that the abortion was spontaneous (i.e., a miscarriage).
- 98 Don't know / I have no opinion.

922. Interviewer note on the interview:
INTERVIEWER: THIS NOTE IS OPTIONAL IF THE INTERVIEW IS COMPLETE. IT IS MANDATORY IF THE QUESTIONNAIRE IS INCOMPLETE, ESPECIALLY IF IT IS A REFUSAL. IF A REFUSAL, NOTE AS MANY CHARACTERISTICS OF THE WOMAN AS POSSIBLE.

HEALTH PROVIDER QUESTIONNAIRE (SECTION 10)

INTERVIEWER:

(1) ADMINISTER THIS PROVIDER QUESTIONNAIRE FOR EACH FEMALE PATIENT BEING TREATED FOR POST-ABORTION COMPLICATIONS WHO:

A) HAS COMPLETED AN INTERVIEW AND

B) HAS GIVEN PERMISSION TO OBTAIN HER MEDICAL RECORD INFORMATION

(i.e., signed the consent form in the woman's questionnaire).

(2) BE SURE TO WRITE IN THE PATIENT SURVEY IDENTIFICATION NUMBER (SIN) AND ATTENDING HEALTH PROVIDER'S NAME (QUESTIONS P101 and P102) BELOW THAT CORRESPOND TO THE SAME QUESTIONS IN THE WOMAN'S QUESTIONNAIRE TO ENSURE A CORRECT MATCH TO THE MEDICAL INFORMATION

My name is _____ and I am working with the MAKERERE COLLEGE OF HEALTH SCIENCES . We are conducting a research study with female patients in this health facility. The study is about the costs of medical treatment in cases of pregnancy losses that women experience. The purpose is to get information that can help us improve health services for women who experience pregnancy loss.

The woman about whom I wish to obtain some information has already given permission to get access through her health provider to medical information that was collected about her at this facility.

All the information you give will remain confidential and will be used for research purposes only. No personal reference will be made to the woman's or your participation in this study and there is no way that anyone will be able to identify this questionnaire as hers or yours.

P100. IDENTIFICATION**P101. Patient survey identification number:**

		/			/		
--	--	---	--	--	---	--	--

 SIN copied from Q101**P102. Attending health provider's name and position:****P102a. What is your name?**

 Provider's name**P102b. What is your position?**

1	Medical doctor	5	Specialist
2	Ob/gyn specialist	6	Clinical officer
3	Nurse	7	Nurse aid
4	Nurse-midwife	8	Other (specify): ↓

P103. Date of interview:**P104. Time of Interview:****P105. Interviewer's name:****P106. Language of interview:****P107. Field reviewed/edited by:****P108. Office reviewed/edited by:****P109. Data entry by:**

P200. MEDICAL CARE

P201. What complaints did the patient have upon admission?

[TICK ALL THAT APPLY.]

- 1 Bleeding, blood loss
- 2 Passage of tissue or products of conception
- 3 Fever
- 4 Pain
- 5 Others (specify): → _____
- 98 Don't know

P202. What was the estimated gestational age of the fetus?

Number of weeks from last menstrual period

98 Don't know

P203. Did the patient report symptoms/signs indicating induced abortion?

- 1 Yes, patient reported such symptoms/signs
- 2 No, no patient didn't report such symptoms/signs
- 98 Don't know

P204. What type of uterine evacuation was performed on the patient?

[TICK ONLY ONE RESPONSE]

- 1 Manual vacuum aspiration (MVA)
- 2 Electric vacuum aspiration (EVA)
- 3 Medical abortion (misoprostol alone)
- 4 Evacuation and curettage (E&C)
- 5 Dilation and curettage (D&C)
- 6 Dilation and evacuation (D&E)
- 7 Evacuation using oxytocic/uterotonic agents
- 8 No uterine evacuation
- 98 Don't know

P205. What other procedures were performed on the patient?

[TICK ALL THAT APPLY]

- 1 Abdominal surgery
- 2 Laparoscopy
- 3 **Uterine evacuation:** → ↓
 - 4 Manual vacuum aspiration (MVA)
 - 5 Electric vacuum aspiration (EVA)
 - 6 Medical abortion (misoprostol alone)
 - 7 Evacuation and curettage (E&C)
 - 8 Dilation and curettage (D&C)
 - 9 Dilation and evacuation (D&E)
 - 10 Evacuation using oxytocic/uterotonic agents
 - 96 Other procedures (specify): → _____
- 98 Don't know

P206. What other treatments were provided to the patient?

[TICK ALL THAT APPLY]

- 1 Blood transfusion
- 2 Oral antibiotics
- 3 IV antibiotics
- 4 IV fluids
- 5 Uterotonics (specify): → _____
- 6 Analgesics/painkillers
- 96 Other medications (specify): → _____
- 98 Don't know

P207. Ultimately, what complications were diagnosed for the patient?

[TICK ALL THAT APPLY]

- 1 Sepsis/septicemia
- 2 Pelvic infection
- 3 Retained products of conception
- 4 Hemorrhage
- 5 Shock
- 6 Fever
- 7 Peritonitis
- 8 Injury to other internal organs
- 9 Instrumental injury of cervix or vagina
- 10 Instrumental injury of uterus
- 96 Other (specify): → _____
- 98 Don't know

P208. For the purposes of our research, we would like your overall opinion about this patient. From your professional experience, how would you classify the patient's abortion?

[TICK ONLY ONE RESPONSE]

- 1 Certainly induced
- 2 Probably induced
- 3 Possibly induced
- 4 Most likely spontaneous
- 98 Don't know

P209. What was the patient's condition at discharge?

- 1 Transferred to another facility (specify type): → _____
- 2 Improved, returning home
- 96 Other (specify): → _____
- 98 Don't know

P210. What was the patient's date of admission?

_____ 98 Don't know

P211. What was the patient's date of discharge?

_____ 98 Don't know

P212. Additional remarks by the reporting provider:

Signed:

(Interviewer)

Responses from *Women's Initial Questionnaire* needed at the time of the follow-up interview

INTERVIEWER : AFTER THE INTERVIEW IS FINISHED,
 COPY THE RESPONSES FOR THE FOLLOWING QUESTIONS
 INTO THIS PAGE, THEN RIP THIS PAGE OUT AND KEEP IT
 WITH YOU AS REFERENCE FOR THE FOLLOW-UP
 INTERVIEW.

101. Patient's survey identification number (SIN):

		/			/				
--	--	---	--	--	---	--	--	--	--

 SIN

201. In what month and year were you born?

		Month					Year			98	Don't know
--	--	-------	--	--	--	--	------	--	--	----	------------

303a. What is the highest level of school you have completed?

1	No schooling
2	Part primary
3	Primary completed
4	Part secondary
5	Secondary completed
6	More than secondary
96	Other (specify): _____

304. Are you currently married, never married, separated or divorced, or widowed?

1	Currently married
2	Never married
3	Cohabiting/consensual union
4	Separated/divorced
5	Widowed

512. Please describe this activity:

522. Please describe this activity:

532. Please describe this activity

541. Please describe the activity you do in this job? (Or in the job you spend more time? Ask then, the next, and the next)

Activity in first job

Activity in second job

Activity in third job

550. You indicated that your HUSBAND/PARTNER worked as an employee. Please describe his main activity:

98 Don't know

560. From all the work that your child does/ children do (as any employee of someone else) how much do(es) he/she/they earn in a month? Please don't include any household enterprise that you may have included this person in before.
(or a day, week or year, if easier to answer)

1	No earnings	→	[SKIP TO Section 6]
2	In kind (specify)	_____	
3	Amount in shillings	_____ (Estimated worth in Shillings)	
↓ ↓ ↓ ↓			
		_____	Per day
OR		_____	Per week
OR		_____	Per month
OR		_____	Per year
98	Don't know		